CAMPAIGN TREASURER'S REPORT SUMMARY									
(1) Com	mittee for Responsibility in Gover								
Nam		ONLINE SUBMISSION [1149471]							
(<i>-</i> /	Romano Avenue ess (number and street)	Submitted on:							
1	l Gables, FL 33134	2/12/2018 10:23:43 (eastern)							
	State, Zip Code								
	neck here if address has changed	(3) ID Number: 863							
(4) Chec	k appropriate box(es):								
Ca	Indidate Office Sought:								
and the second se	litical Committee (PC)								
	с с с ,	Check here if PC or ECO has disbanded Check here if PTY has disbanded							
🗌 Inc	lependent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed							
individual making electioneering communications)									
(5) Report Identifiers									
Cover Peri	od: From <u>1</u> / <u>1</u> / <u>2018</u> To	<u>1</u> / <u>31</u> / <u>2018</u> Report Type: <u>18M01</u>							
🛛 Original	Amendment Sp	ecial Election Report							
(6) Contributions This Report (7) Expenditures This Report									
		Monetary							
Cash & Ch	ecks \$,,,_0._00	Expenditures \$, , , 00							
1	00 0 2	The first							
Loans	\$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,							
Total Mone	tary \$,,,0.00	· · · · · · · · · · · · · · · · · · ·							
		Total Monetary \$, , 2 . 00							
In-Kind	\$,,0.00								
		(8) Other Distributions							
		\$,,000							
(9) TOT <i>A</i>	L Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 283 , 400 . 00	\$, 282 , 295 . 98							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
l certify th									
I certify that I have examined this report and it is true, correct, and complete:									
(Type nam	ne)	(Type name)							
	ar (only for IE 🔄 Treasurer 🔄 Deputy Treasurer ering comm.)	Candidate Chairperson (only for PC and PTY)							
x x									
Signature		Signature							
Jiginatare									

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Committee for Responsibility in Government</u> (2) I.D. Number <u>863</u>							
(2) O	1/1/2018	the	1	/31/2018	(4) D	- 1	.. 0
(3) Cover Perio		unic	ougn	<i>II</i>	(4) Pag	e <u> </u>	or
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
/ /							
1 1	_						
1 1							
1 1	-						
1 1	-						
/ /	_						
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Com	CAMPAIGN TREASURER ? mittee for Responsibility	y in Government	ED EXPENDIT (2) I.D. Number		863
(3) Cover Period	1/1/2018 I/through_	1/31/2018 /	(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought contribution to a candidate)	(9) if Expenditure Type	(10) Amendment	(11) Amount
	TD Bank, 255 Alhambra Cir Coral Gables, FL 33134	bank fee	MO		\$2.00
_/ /					
_/ /					
_ / /					
_ / _					

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